



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MAP/164047

PRELIMINARY RECITALS

Pursuant to a petition filed February 17, 2015, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03, to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was commenced on March 11, 2015 and concluded on April 22, 2015, at Milwaukee, Wisconsin.

The issues for determination are whether the agency has correctly determined the amount of Petitioner's Medicaid Purchase Plan (MAPP) premium.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703
By: Pang Thao-Xiong
Milwaukee Enrollment Services
1220 W Vliet St, Room 106
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

David D. Fleming
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. Petitioner was receiving Medicaid Purchase Plan (MAPP) benefits without a premium. His income consisted exclusively of Social Security's SSDI benefits in the amount of \$1451.00 per month in 2014.

3. In January 2015 Petitioner's SSDI increased with a cost of living adjustment taking the new gross income to \$1476.00 per month.
4. The agency updated Petitioner's case and determined that, effective March 1, 2015; he had a premium for the MAPP program in the amount of \$625.00 per month. He was so notified via a Notice of Decision dated February 12, 2015.
5. The first hearing date was adjourned to give the agency an opportunity to consider Petitioner's out of pocket medical expenses as well as his payment of Medicare Part A & B premiums.
6. Petitioner does have remedial medical expenses totaling \$111.56 and consisting of an average of \$6.66 per month in out of pocket co-pays and, as of March 1, 2015, the Medicare Part A & B premium of \$104.90. There is no indication of impairment related work expense. He was credited with the standard living allowance of \$824.00. After these deductions, Petitioner's net income, as determined for the MAPP program is \$528.44 which requires a premium of \$525.00 per *Medicaid Eligibility Handbook*, §39.10.

DISCUSSION

In general, a person can be eligible for MAPP if his/her countable income is less than 250% of the federal poverty level - for one person \$2452.08. See, *Medicaid Eligibility Handbook*, §26.4.2; § 39.5. Petitioner's income is under the gross income limit. However, persons with countable income in excess of 150% of the federal poverty level must pay a monthly premium. The 150% premium income limit for a one person MAPP household is \$1,471.25. See, *DHS Operations Memo 15-05, Issued January 28, 2015*.

Premiums are calculated as follows:

26.5.1 Calculation

Calculate premiums using only the member's income. Calculate a premium if the member's gross monthly amount exceeds 150% of FPL (39.5 FPL Table) for the appropriate fiscal test group size.

Steps to calculate monthly premium amount:

1. From gross monthly unearned income, subtract the following:
 - a. Special Exempt Income (15.7.2 Special Exempt Income).
 - b. Standard Living Allowance (39.4.2 EBD Deductions and Allowances).
 - c. Impairment Related Work Expenses (IRWE). For MAPP Medicaid Purchase Plan, use only anticipated incurred expenses, past medical expenses are not allowed. (15.7.4 Impairment Related Work Expenses (IRWE)).
 - d. Medical Remedial Expenses (MRE). For MAPP, use only anticipated incurred expenses, past medical expenses are not allowed. (15.7.3 Medical/Remedial Expenses (MRE))
 - e. Current COLA Disregard from January 1st through the date the FPL is effective in CARES for that year. 503, DAC, widow/widower disregards allowed in eligibility determinations cannot be allowed in premium calculations.

The balance is the Adjusted Countable Unearned Income. This number may be a negative number.

2. From gross monthly earned income, subtract any remaining deductions from #1. If the result from #1 is a negative amount, change it to a positive number. The balance is the Adjusted Earned Income.

3. Multiply the adjusted earned income by three percent (.03).
4. Add the results of #3 and #1 together.
5. Compare the result from #4 to the Premium Schedule (39.10 MAPP Premiums) to determine monthly premium amount.

MEH §26.5.1

Petitioner's income is over the 150% of the FPL so he does owe a premium. I have reviewed the agency's computations of the premium, as recalculated for the adjourned hearing, and I can find no error. Nor has the Petitioner pointed to any specific errors. Rather, he questions why only being \$4.75 over the premium income level causes him to have to pay a \$525.00 premium. The answer is that the MAPP policies and law require this premium level for countable income after applicable disregards are considered.

Petitioner should note that, per the *MEH at §§26.6.1 and 26.6.2*:

26.6.1 MAPP RRP Introduction

When a member is placed in a restrictive re-enrollment period (RRP), s/he is ineligible for the next six consecutive months following the closure of MAPP Medicaid Purchase Plan, unless there is good cause (26.6.2 Good Cause). After the six consecutive months, the member may regain eligibility if s/he pays all arrears and current premiums. After 12 calendar months, s/he may regain eligibility without paying the past due premiums.

RRPs are tied to non-payment of premiums only. RRP's do not apply to recipients who have not met HEC requirements.

26.6.2 Good Cause

The following are good cause reasons for not paying a MAPP premium:

1. Problems with electronic funds transfer.
2. Problems with an employer's wage withholding.
3. Administrative error in processing the premium.
4. Fair hearing decision.
5. Those you determine are beyond the member's control.

Finally, Petitioner believes that he has more out of pocket co-pays than currently calculated by the agency. The bills he provided do, however, average the \$6.66 determined by the agency. He certainly should submit proof of other out of pocket medical expenditures to the agency when he has them.

CONCLUSIONS OF LAW

1. That Petitioner's gross income is in excess of 150% of the FPL thus he does owe a premium for MAPP.
2. That, upon redetermination, the agency correctly calculated Petitioner's MAPP premium at \$525.00 per month.

THEREFORE, it is

ORDERED

This matter is remanded to the agency with instructions to take the steps necessary to adjust Petitioner's premium amount to \$525.00 rather than \$625.00 and provide Petitioner with notice and payment instruction for that monthly premium. This must be done within 10 days of the date of this Decision.

In all other respects, this appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,
Wisconsin, this 23rd day of April, 2015

\sDavid D. Fleming
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on April 23, 2015.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability